CHECK ONE:		DR-1	OF
This is an Initial* Statement of Organization	Reset Form	(Rev. 07/2009)	ORGANIZATION
This is an amended* Statement of Organization *An initial Statement of Organization must be filed within 10 days of the cor	nmittee's accepting contributions	For Office Use C	<u>Only</u>
making expenditures, or incurring indebtedness exceeding \$750. Amendm	ents must be filed within 30 days of	Comm. #	
a change. Penalties may be imposed for late-filed Statements of Organization	ion. A candidate with an open	Audited	
committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office so		Computer	
	<del>-</del>		
COMMITTEE NAME $\downarrow \downarrow$ (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name, put old name in ( ).			
put old name in (). MARK J. ROCHA FOR CITY COUNCIL			
IMPORTANT: Indicate type of committee you are reporting for:			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee			
(5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC			
(10 )School Board or Other Political Subdivision PAC (11 ) Local Ballot Issue (including committee involved in multiple city/county ballot Issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	atory except for a c	andidate's committee)
Name + ANN PRESTON	Name + +	STERUEN	e
Mailing Address ↓ 537 2ND ST.	Name ↓↓  Mailing Address ↓ 510	2 0 th	30 10
City State   Zin Code	(///		S 1.
WEST DES MOINES IN 50265	City, State + Zip Code		
Phone (515) 729-6691	Phone (515) 480-15		
e-Mail ainedep4e Yahoo.com	e-Mail Stephenson		com
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	ocate for/against candidate(s) Ac	tvocate for ballot issu	ue(s)
Comment or description:	Ac	dvocate against ballo	t issue(s)
All Candidates Enter: Office Sought: CITY COUNCIL WARN 1	County/Local Candidates a		nmittees Enter:
	County: WDM, PO	CK CO.	
Political Party (if applicable)	(If active in multiple ballot issu	•	ist of counties
Pistrict: WARD 1 WDM  Year Standing for Election: 2009	Date of Election: 11-3	-09	İ
Total State of the Control of the Co	Candidate name & Address or Pa	ement Entity (DACe	if annlicable)
Bank Account Name (must match committee name)	Adulation in the At Mariage of La	MIGHT FIRMS IT VOS.	ii eppiicabie).
<b>1</b>	<b>△</b>	ffiliate, or Sponsor	ii applicable),
<b>1</b>	<b>△</b>	ffiliate, or Sponsor	ii applicable).
MARK J ROCHA FOR CITY COUNCIL  Name of Financial Institution/type of Account	MARK J. ROCH Mailing Address ↓ ↓	ffiliate, or Sponsor	H SMANGADIO J.
MARK J ROCHA FOR CITY COUNCIL Name of Financial Institution/type of Account WELLS FARGO BANK CHECKING	MARK J. ROCH Mailing Address ↓ ↓	ffiliate, or Sponsor	
MARK J ROCHA FOR CITY COUNCIL Name of Financial Institution/type of Account WELLS FARGO BANK CHECKING Mailing Address	MARK J. ROCH  Mailing Address   2316 HILLSINE  City     The state of t	ffiliate, or Sponsor  AUE,  State ↓ ↓	Zip ↓ ↓
MARK J ROCHA FOR CITY COUNCIL Name of Financial Institution/type of Account WELLS FARGO BANK CHECKING Mailing Address	MARK J. ROCH Malling Address   2316 HILLSIDE City   WEST DES MOINES	Milate, or Sponsor  A  A  V €  State ↓ ↓  IA  50	Zip ↓ ↓
MARK J ROCHA FOR CITY COUNCIL  Name of Financial Institution/type of Account  WELLS FARGO BANK CHECKING  Mailing Address  655 5. 50 TH ST.  City J State J Zip J	MARK J. ROCH  Mailing Address   2316 HILLSINE  City     The state of t	Milate, or Sponsor  A  A  V €  State ↓ ↓  IA  50	Zip ↓ ↓
MARK J ROCHA FOR CITY COUNCIL Name of Financial Institution/type of Account WELLS FARGO BANK CHECKING Mailing Address	MARK J. ROCH Malling Address   2316 HILLSIDE City   WEST DES MOINES	ffiliate, or Sponsor $A \cup E$ State $\downarrow \downarrow$ $IA  50$ $886$	Zip ↓ ↓ 0265
MARK J ROCHA FOR CITY COUNCIL  Name of Financial Institution/type of Account  WELLS FARGO BANK CHECKING  Mailing Address  655 5. 50 TH ST.  City J State J Zip J	MARK J. ROCH Mailing Address   2316 HILLSIDE City   WEST DES MOINES Phone (515) 480 - 63	ffiliate, or Sponsor $A \cup E$ State $\downarrow \downarrow$ $IA  50$ $886$	Zip ↓ ↓ 0265
MARK J ROCHA FOR CITY COUNCIL  Name of Financial Institution/type of Account  WELLS FARGO BANK CHECKING  Mailing Address  655 5. 50 TH ST.  City J State J Zip J	MACK J. ROCH  Mailing Address   2316 HILLSINE  City   WEST DES MOINES  Phone (515) 480 - 68  e-Mail Ma(KJrochan	ffiliate, or Sponsor $A \cup E$ State $\downarrow \downarrow$ $IA  50$ $886$	Zip ↓ ↓ 0265
MARK J ROCHA FOR CITY COUNCIL  Name of Financial Institution/type of Account  WELLS FARGO BANK CHECKING  Mailing Address  Mailing Address  State   WEST DES MOINES JA 50265  STATEMENT OF AFFIRMATION: By filing this document the committee affiliation of the committee and all persons connected with the committee understand that	MARK J. ROCH Mailing Address   2316 HILLSIDE City   WEST DES MOINES Phone (515) 480 - 63 e-Mail Ma(KJrocha A	ffiliate, or Sponsor $A \cup E$ State $\downarrow \downarrow$ $IA = 50$ $886$ $0.00000000000000000000000000000000000$	zip
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FORM

STATEMENT

FOR INSTRUCTIONS, SEE BACK OF FORM